

# COURT OF APPEAL, FIRST APPELLATE DISTRICT

## CASE SCREENING FORM

*This form should be filed with the **Clerk of the Court of Appeal** for transmittal to the Mediation Program Administrator. The form will not be entered in the Court file. **Attach pertinent documents, e.g., any judgment, findings of fact, statement of decision, or order appealed from..** Attach additional pages if necessary.*

Case Name: \_\_\_\_\_ Case No: \_\_\_\_\_

Your name: \_\_\_\_\_ State Bar No.: \_\_\_\_\_

Counsel for: \_\_\_\_\_

**Subject Matter (Check all that apply):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Attorney's Fees        | <input type="checkbox"/> Family Law            | <input type="checkbox"/> Personal Injury         |
| <input type="checkbox"/> Business/Contract      | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Probate                 |
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Professional Negligence |
| <input type="checkbox"/> Employment             | <input type="checkbox"/> Medical Malpractice   | <input type="checkbox"/> Real Estate             |
| <input type="checkbox"/> Other (specify): _____ |  |  |

Number of Parties: \_\_\_\_\_ Date Notice of Appeal Filed: \_\_\_\_\_

Appellant: \_\_\_\_\_ Counsel: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Respondent: \_\_\_\_\_ Counsel: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cross-Appellant: \_\_\_\_\_ Counsel: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Other Parties: \_\_\_\_\_ *See Attachment.*

Trial Court: \_\_\_\_\_ Case No.: \_\_\_\_\_

Trial Judge: \_\_\_\_\_

**The trial court judgment resulted from:**

- ☐ Jury Trial ☐ Court Trial ☐ Summary Judgment ☐ Demurrer  
☐ Dismissal ☐ Nonsuit ☐ Arbitration Award ☐ Administrative Mandamus  
☐ Order (specify): \_\_\_\_\_  
☐ Other (specify): \_\_\_\_\_

Identify all ADR processes in this case in which you have participated (e.g., mediation, arbitration, or settlement conferences. *State the name of all judges, mediators, or other neutral parties involved:* \_\_\_\_\_

\_\_\_\_\_

What was the last settlement demand? \$ \_\_\_\_\_ Offer \$ \_\_\_\_\_

Briefly State the Facts of this Case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the Appellate Issues that You Anticipate:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

\_\_\_ This is a case of first impression.

(Specify): \_\_\_\_\_

\_\_\_ This case principally involves the validity or interpretation of a statute, ordinance, or regulation.

(Specify): \_\_\_\_\_

Related Cases:

Name: \_\_\_\_\_ Court: \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_ See Attachment.

What is the outcome that you seek in this case?:

\_\_\_ Damages (specify): \$ \_\_\_\_\_

\_\_\_ Equitable Relief: (specify): \_\_\_\_\_

\_\_\_ Other (specify): \_\_\_\_\_

Describe any ongoing personal, professional, or business relationship between any of the parties to this appeal: \_\_\_\_\_

\_\_\_\_\_

What else should be considered in determining whether this case should be submitted to mediation?:

